

**AUTHORIZATION AGREEMENT FOR  
ELECTRONIC FUNDS TRANSFER (EFT)**STATE OF CALIFORNIA  
BOARD OF EQUALIZATION*Please Check Appropriate Boxes:*

- ☐ New EFT account  
☐ Change EFT reporting method  
☐ Change bank account  
☐ Change contact name or phone number

See reverse for instructions on completing this authorization agreement.

*(Type or Print in Ink)***SECTION I**

TAXPAYER NAME	BOE ACCOUNT NUMBER
DBA	BUSINESS PHONE NUMBER (     )     —
CONTACT PERSON	CONTACT PHONE NUMBER (     )     —

*Complete Section II or III below:***SECTION II**☐ **ACH Debit**

*The State Board of Equalization is hereby authorized to initiate debit entries to the bank account identified below and the bank is authorized to debit such account. This authority is to remain in full force until EFT payments are no longer required by statute or, until the State Board of Equalization and I mutually agree to terminate my voluntary participation in the EFT program.*

BANK NAME		
BANK ACCOUNT NUMBER <i>(not to exceed 17 digits)</i>		Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
TRANSIT AND ROUTING NUMBER		
SIGNATURE OF TAXPAYER OR AUTHORIZED REPRESENTATIVE	TITLE OF SIGNER	DATE
PRINT NAME OF SIGNER AND CAPACITY IN WHICH SIGNED		

**IMPORTANT:** *If you have selected the ACH Debit option, you must attach a voided check for the account to be debited. Your voided check will verify bank account, transit and routing numbers. If you are unable to provide a voided check, a bank specification sheet may be used instead of the voided check.*

**SECTION III**☐ **ACH Credit**

*The State Board of Equalization is hereby requested to grant authority for the above-named taxpayer to initiate ACH credit transactions to the State Board of Equalization's bank account. These payments must be in the NACHA CCD+ format using the Tax Payment Convention (TXP) and may only be initiated for the EFT tax payments to the State Board of Equalization provided for by statute.*

SIGNATURE OF TAXPAYER OR AUTHORIZED REPRESENTATIVE	TITLE OF SIGNER	DATE
PRINT NAME OF SIGNER AND CAPACITY IN WHICH SIGNED		

Return to: Board of Equalization at one of the following:  
 Excise Taxes Division, P.O. Box 942879, Sacramento, CA 94279-0056  
 For EFT assistance call 916-327-4208  
 Environmental Fees Division, P.O. Box 942879, Sacramento, CA 94279-0057  
 For EFT assistance call 916-322-9534  
 Fuel Taxes Division, P.O. Box 942879, Sacramento, CA 94279-0030  
 For EFT assistance call 916-322-9669

*Make a copy for your records.*

## Instructions for Completing the EFT Authorization Agreement Form

### General

For more complete information about making tax or fee payments by EFT, please refer to the Special Taxes Department “*EFT Program Information Guide*.”

Please type or print clearly and return this form to the State Board of Equalization promptly. Be sure to make a copy for your records.

### Section I

Complete all blocks in this section. Your BOE account number is required (e.g., 44-123456).

### Sections II and III

COMPLETE ONE OF THESE SECTIONS, **NOT** BOTH.

Complete Section II if you select ACH Debit, **OR** Section III if you select ACH Credit. After making your decision, please check the appropriate box and complete every block of information for the method selected.

If the ACH Debit method is chosen, a voided check must be attached to this completed form. Your voided check will verify bank account and transit routing numbers.

The example of a voided check, shown below, indicates where to locate the transit routing number for your bank and your bank account number. Remember to mark the word “void” across the face of the check that you return with the authorization agreement.

**ABC BUSINESS**  
1234 Park Avenue  
Anytown, CA

1044

PAY TO THE ORDER OF \_\_\_\_\_ \$ XXX.XX  
DOLLARS

**Anywhere Bank**  
U.S.A.

MEMO \_\_\_\_\_ Not Negotiable

⑆123456789⑆1234567890123456789⑆1044

1                      2                      3

**1 Routing Transit Number (requires 9 digits)**  
**2 Bank Account Number (not to exceed 17 digits)**  
**3 Check Number**

### Important Information

1. Participation in the Electronic Funds Transfer program shall be for a minimum of one year.
2. You will receive a confirmation letter from the State Board of Equalization after approval of this agreement. The confirmation letter will include your electronic funds transfer start date. No electronic funds transfer payments should be attempted before this start date. All tax and fee payments due subsequent to this start date must be made through electronic funds transfer.
3. You must make a written request to be removed from the Electronic Funds Transfer program. For the request to be approved, you must have participated in the program for a minimum of one year and your average monthly tax, over the previous twelve month period, must be less than \$20,000.
4. You will receive a confirmation notice from the State Board of Equalization identifying your ending date for EFT (unless you also close out your account) or the change date if you request to be moved from one ACH payment method to another. You must continue making your tax or fee payments through electronic funds transfer, through the ACH payment method in use at the time of your request, until you receive a confirmation letter from the Board confirming the new payment method and the effective date of the change.